

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003469

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

641

FILED JAN 31 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY - - -   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY - - -  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis, Missouri  |   | Length of stay in 1b<br>3 days   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION Missouri Pacific Hospital  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED A/K/A First Bill Friend Middle Last<br>-- (Type or print)<br>William Donald Friend   |   | 4. DATE OF DEATH<br>Month Day Year<br>January 20, 1963   |   |
| 5. SEX<br>M  | 6. COLOR OR RACE<br>W   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br>6-1-1897  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Chief Mechanical Insp. (Ret)  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Missouri Pacific  |   |
| 11a. BIRTHPLACE (City and state or country)<br>Peru, Indiana   |   | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.  |   |
| 13a. FATHER'S NAME<br>Melville C. Friend   |   | 13b. MOTHER'S MAIDEN NAME<br>Sadie Perry   |   |
| 14. NAME OF HUSBAND OR WIFE<br>Mildred M. Friend   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>yes WW I  |   |
| 16. INFORMANT<br>Mrs. Mildred M. Friend  |   | Address<br>3939 Prather  |   |
| 17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cardiac arrest, presumed, during surgical Procedure. ( Resection of arch of aorta );<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) While under going operation (aortic Aneurysm) at Missouri Pacific Hospital on January 20, 1963.<br>DUE TO (c) Accident |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>0-22X   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY - PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT / SUICIDE<br><input checked="" type="checkbox"/> <input type="checkbox"/> | HOMICIDE<br><input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>See Above |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>1-20-63   |   | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Hospital   |   | 20f. CITY, TOWN, OR LOCATION<br>St. Louis, Missouri  |   |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at 3:00 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br>Steven L. Taylor, Coroner  |   |
| 22b. ADDRESS<br>1300 Clark Ave.  |   | 22c. DATE SIGNED<br>1-21-63  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal-Rail  | 23b. DATE<br>1-23-63  | 23c. NAME OF CEMETERY OR CREMATORY<br>Moun Hope Cemetery   | 23d. LOCATION (City, town, or county) (State)<br>Peru Indiana   |
| 24. FUNERAL DIRECTOR<br>HOFFMEISTER COLONIAL MORTUARY  |   | 25. DATE RECD. BY LOCAL REG.<br>JAN 21 1963  | 26. REGISTRAR'S SIGNATURE<br>Road Smith, M.D.   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATE OF MISSOURI

Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bice C. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Wm. J. G. G. G. G.*